

**Thompson, Charlie Allie: Death Certificate,  
Culpeper County**

## Metadata

### Export Metadata

title: Thompson, Charlie Allie: Death Certificate, Culpeper County  
date: 1918

original filename: Charlie Allie Thompson - Culpeper - 1918

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MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING BLACK INK (WRITING FLUID)—THIS IS A PERMANENT RECORD.  
 N. B.—No item of information should be carelessly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
<b>1. PLACE OF DEATH.</b> County of <u>Kanawha</u> Magisterial District of <u>Jefferson</u> or Inc. Town of _____ City of _____ (No. _____ St.; _____ Ward) (If death occurred in a Hospital or Institution give its NAME instead of street and number)					
<b>2 FULL NAME</b> <u>Mr Charles Ellis Thompson</u>			File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">34240</div> Registered No. <u>4</u> (For use of Local Registrar)		
<b>3 SEX</b> <u>male</u>	<b>4 COLOR OR RACE</b> <u>Black</u>	<b>5 SINGLE MARRIED WIDOWED OR DIVORCED</b> (Write the word) <u>single</u>	<b>16 DATE OF BIRTH</b> <small>HEAVY</small> <u>November 25</u> , 191 <u>8</u> (Name of month) (Day) (Year)		
<b>6 DATE OF BIRTH</b> <u>Feb 18</u> , 1 <u>900</u> (Month) (Day) (Year)			<b>17 I HEREBY CERTIFY</b> , That I attended deceased from _____, 191____ to _____, 191____ that I last saw him alive on _____, 191____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Smothered Rape</u> <u>on white woman</u> <u>was found in hotel</u> <u>was raped by a negro.</u> ds. Contributory (SECONDARY) <u>A.M. Papp</u> (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____ M. D. _____ 191____ (Address) _____		
<b>7 AGE</b> <u>15</u> yrs. <u>8</u> mos. <u>7</u> ds. If LESS than 1 day, _____ hrs. or _____ min.			<b>18 LENGTH OF RESIDENCE.</b> (For Hospitals, Institutions, Transients, or recent Residents.) At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted? _____ If not at place of death? _____ Former or usual Residence _____		
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>Labour</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			<b>19 PLACE OF BURIAL OR REMOVAL</b> <small>HEAVY</small> <u>Harrisburg, Pa.</u> DATE OF BURIAL <u>Jan 27</u> , 191 <u>8</u>		
<b>9 BIRTHPLACE</b> (State or Country) <u>Kanawha Co. Va</u>			<b>20 UNDERFARER</b> <u>A. M. Papp</u> ADDRESS <u>Charmersville Va</u>		
<b>PARENTS</b> <b>10 NAME OF FATHER</b> <u>Wade Thompson</u> <b>11 BIRTHPLACE OF FATHER</b> (State or Country) <u>Rappahannock Va</u> <b>12 MAIDEN NAME OF MOTHER</b> <u>Ida Marshall</u> <b>13 BIRTHPLACE OF MOTHER</b> (State or Country) <u>Kanawha Co. Va</u>			<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>Ida Thompson</u> (Address) <u>Charmersville Va</u>		
<b>15</b> Filed <u>Jan 27</u> , 191 <u>8</u> (Date received by Registrar) <u>W. Y. Nelson</u> Local Registrar					

1

County:Culpeper

Magisterial District:Jefferson

Town:

City:

Registration Distrcet No.:234C

Registered No.:4

File No.:34240

No. (or Hospital Name):

Street:

Ward:

Full Name:Mr Charlie Allie Thompson

Residence:

Years:

Months:

Days:

Sex:Male

Color or Race:Black

Relationship:Single

Name of Husband or Wife:

Date of Birth:Recorded

Month:Feb

Day:18

Year:1900

Age:Recorded

Years:18

Months:8

Days:7

Profession:Labor

Nature of Business:

Name of Employer:  
Birthplace:Recorded  
City, Town, or County:Culpeper Co  
State or Country:VA  
Father's Name:Wade Thompson  
Birthplace (city or town):Rappk [Rappahannock] Co  
Birthplace (state or country):VA  
Mother's Name (maiden name):Ida Marshall  
Birthplace (city or town):Culpeper Co  
Birthplace (state or country):VA  
Informant Name:Ida Thompson  
Address:Amissville VA  
Date Filed:Dec. 9th, 1918  
Registrar:W. T. Nelson  
Date of Death:November 25, 1918  
Time of Death:  
Last Seen Alive:  
Cause of Death:Linch [Lynch] for rape on white woman, was know [no] jury held  
Was hanged by a rope.  
Contributory (Secondary):F. M. Topp  
Autopsy?:Yes  
External causes?:Accident  
Other Notes:  
Signed (Physican):  
Date:  
Address:  
Place of Burial, Cremation, or Removal:Family Grave yard  
Date of Burial:November 27, 1918  
Undertaker:F. M. Topp  
Address:Amissville VA  
Additional text not entered above:

Contributions Message

Lanie Hitt, Mallory Todd, Beka Castagna, Gianluca De Fazio and The Library  
of Virginia